FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000109594

1. Entity Name
GREEN CAY, INC.

40005587

Principal Place of Business	Mailing Address
220 S. RIDGEWOOD AVE., SUITE 200 DAYTONA BEACH, FL 32114	220 S. RIDGEWOOD AVE., SUITE 200 DAYTONA BEACH, FL 32114

01182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
200 S. RIDGEWOOD AVENUE		200 S. RIDGEWOOD AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAYTONA BEACH, FL		City & State: DAYTONA BEACH, FL	
Zip: 32114	Country: USA	Zip: 32114	Country: USA

4. FEI Number: 16-1636548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, ROBERT L 220 S. RIDGEWOOD AVE., SUITE 200 DAYTONA BEACH, FL 32114	Name: Street Address (P.O. Box Number is Not Acceptable) 200 S. RIDGEWOOD AVENUE City: DAYTONA BEACH FL Zip Code: 32114

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUETT, JULIE A 129 SEMINOLE AVENUE ORMOND BEACH, FL 32176	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUETT, OTIS W.. JR. 129 SEMINOLE AVENUE ~~ORMOND BEACH, FL 32176~~	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRUETT, JULIE A 129 SEMINOLE AVE ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and ~~accurate and that my signature~~ shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ~~empowered.~~

SIGNATURE: Otis W. Pruett, Jr. 1/19/2007 Tel: 386-677-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #